IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTI

PERMIT# 121606 PIN# 4639 ~~56 55 56.107~~ 62-9372 DATE 2-10-05

OWNER OR CONTRACTOR Lamonica Builders PHONE: Business 704 575-7565 Home Joe 575-1505

ADDRESS 17528 Paradise Cove Ct Cornelius 28031

LOCATION Perth Rd (N) TL Liva Ln TR Bay Crossing TL Golden Bell at end

SUBDIVISION Bay Crossing BLOCK / SECTION 1 LOT 107 LOT AREA .87 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 338 Date 7-16-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1230 Linear Feet 410
No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity - 25% Reduction
Repair System Description: Pump - LP - Panel Blk
Maintenance Agreement Required: ☐ Yes ☒ No Not Initially

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 4 No. Employees _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

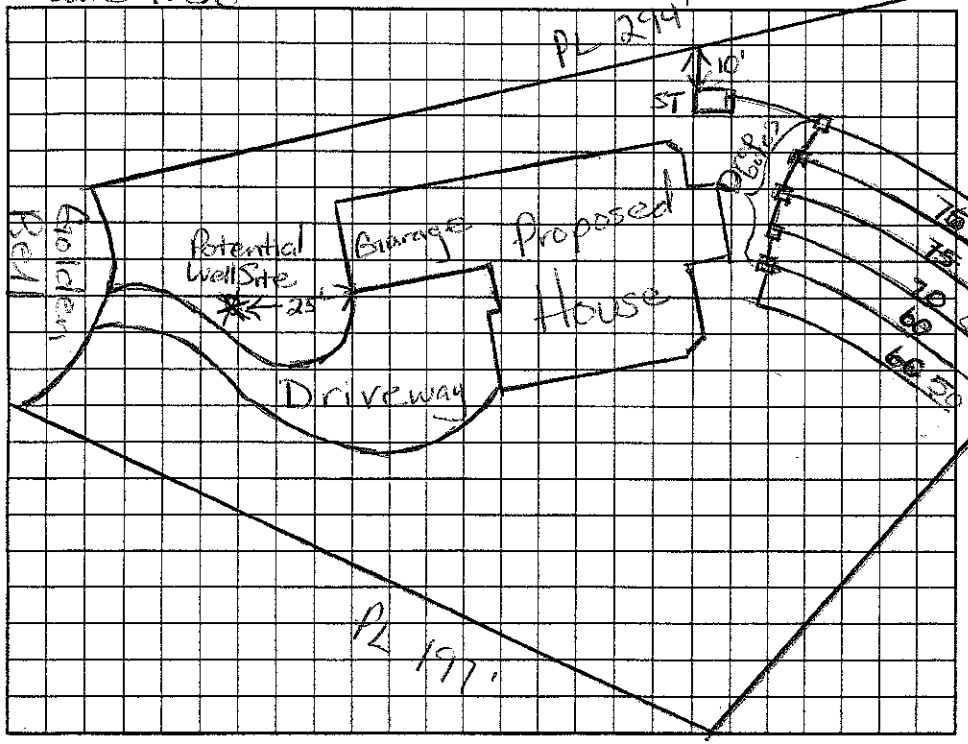
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Keep Septic System at least 10' from PL & 100' from well & 10' from House
Keep well at least 25' from House.

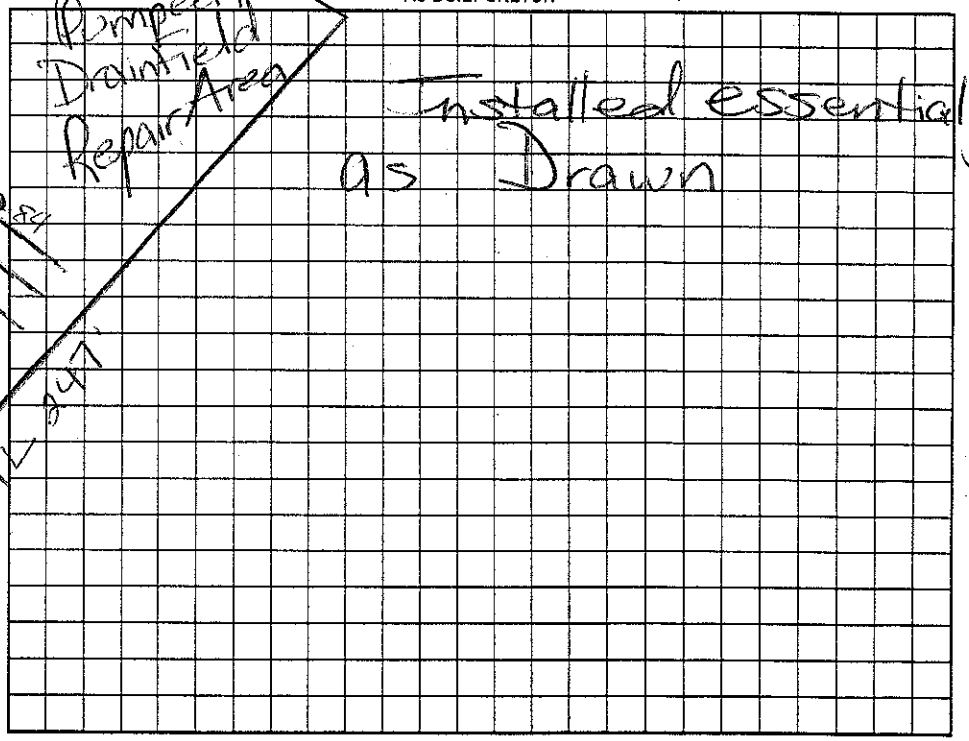
Comments/Conditions: Note: Any future pool must be at least 15ft from any part of Septic System
Quick 4/Grav "Drop Box"

Scale 1:50

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Joseph A Lamonica date 2/10/05 Installed by: C W Orbison

Improvement Permit by: Maria H Dotson RS date 2/10/05 Operation Permit by: Maria H Dotson RS date 8/31/05

Authorization to Construct by: Maria H Dotson RS date 2/10/05 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK